| This Memo   | orandi   | UM Bill of Lad  | owledgment that a Bill of Lading has be<br>ing, nor a copy or duplicate, covering thiolely for filing or record.   |  |   | Shippe                                 | er No   | -4-1                               | Ţ.,                                  |  |
|---|--|---|--|--|---|--|---|------------------------------------|--------------------------------------|--|
| Page  |  |   |  | ZT CORPORATION (Name of carrier)   |   | Carrier N                              |   | No. 0088                           |                                      |  |
| On Collect on Delivery shipm FO: Cornsignee   | ents, the letter   | s "cop" must appear before  | consignee's name or as otherwise provided in item 430, Sec. 1.   | Street 19583 South Normandie Ave   |   |  |   |                                    |                                      |  |
| Street 172<br>Sity Phase and i  | <u>εο.</u>   | State A   | Tolla<br>Zip Code 92670  | City Torvance State (A Zip Code 7)  24 hr. Emergency Contact Tel. No. (Soc) 424 - 9300 (Che  |   |  |   | 4050z<br>bember)                   |                                      |  |
| Route   |  |   |  | 24 III. Elliergency Co.  | **************************************  |  | Vehicle<br>Number                             | 18                                 | 29                                   |  |
| No.of Units<br>& Container Type   | HM   | ldenti  | BASIC DESCRIPTION Proper Shipping Name, Hazard Class Identification Number (UN or NA) per 172.101, 172.202, 172.203  |  |   | WEI(<br>(Subje<br>Correc               | ct to   | RATE                               | CHARGES<br>(For Carrier<br>Use Only) |  |
| 3, x DUIS7  | , x DoTS7 R9 Tetrachloroxthylene Solution, G.  |   |  | W1897, PG74  | 400 a.  | 5, 3,                                  | 50  |                                    |                                      |  |
|   |  |   |  |  |   |  |   |                                    |                                      |  |
|   |  |   |  |  |   |  |   |                                    |                                      |  |
|   |  | **  |  |  |   |  |   |                                    |                                      |  |
|   |  |   |  |  |   |  |   |                                    |                                      |  |
|   |  |   |  |  | WA  |  | ***************************************       | ee o                               |                                      |  |
| PL  | ACAR   | DS TENDE  | RED:YES ØNO □ 1897   | REMIT<br>C.O.D. TO:<br>ADDRESS   |   |  |   |                                    |                                      |  |
| required to state specifically in writing the agreed or declared value of the property.  The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding  ### If the property is hereby specifically stated by the shipper to be not exceeding  ################################### |  |   | I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and are in all respects in proper condition for transport by # Relit**   | · Statement Control of the Control o | Amt: \$   |  | C.O.D. FEE: PREPAID  COLLECT  \$              |                                    |                                      |  |
|   |  |   | Highway a Weter (DELETE NON-APPLICABLE MODE OF TRANSPORT) according to applicable international and national governmental regulations.  Signature  | Subject to Section 7 of the conditions, if this shipment is to be delivered to the consigner without recourse on the consignor, the consignor shall sign the following statement:  The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  (Signature of Consegnor)   |   |  | CHARGES: \$                                   |                                    |                                      |  |
| this Bill<br>condition<br>which s<br>corporated   | of Lading, the<br>on of contents<br>aid carrier (the<br>tion in posse<br>at said desti | property described above<br>s of packages unknown), n<br>e word carrier being understi<br>ission of the property under<br>ination, if on its route, other | tawfully filed tariffs in effect on the date of the issue of<br>in apparent good order, except as noted (contents and<br>narked, consigned; and destined as indicated above<br>ood throughout this contract as meaning any person or<br>ar the contract) agrees to carry to its usual place of<br>wise to deliver to another carrier on the route to said<br>ar of all or any of, said property over all or any portion of | said route to destination<br>service to be performe<br>governing classification<br>Shipper hereby cert   | n and as to each party at any time if<br>d hereunder shall be subject to all<br>if on the date of shipment.<br>fifes that he is familiar with all the<br>n and the said terms and condition | the bill of lading<br>e bill of lading | any said prop<br>terms and co<br>terms and co | erty, that ever<br>inditions in th | y<br>e<br>e                          |  |
| HIPPER Doubles Ameraft Company  |  |   |  | CARRIER IT CORPORATIONS  |   |  |   |                                    |                                      |  |
| PER A Japanen Parkets Tuell   |  |   |  | PER JULI JA amenteta 5   |   |  |   |                                    |                                      |  |
| Permanent post-office   |  | - Augusta   |  | DATE   | ELMASTER, Div. of Americ  | 1 9                                    | Ч   |                                    |                                      |  |

|   |  |  | ORIGINAL—NOT NEGOTIABLE   |   |   | Carrier No.  | 0088                              |                                      |  |  |
|---|--|--|---|---|---|--|-----------------------------------|--------------------------------------|--|--|
| Page/_c   | 1 <u> </u>   |  | (Name of c  | ORA 770N<br>arrier)   | (SCAC)  | Date   |                                   | 20-94                                |  |  |
| On Collect on Delivery shipm TO: Consignee      | ents, the letters "C   | po musi appear before co   | onsignee's name or as otherwise provided in Item 430, Sec. 1.   | Street 19883 South Normandie Ave  |   |  |                                   |                                      |  |  |
| Street 172<br>City Placent                      | Ecs<br>a   | t ha J<br>State OA   | olla<br>zip Code 92670  | City Towance  | ntact Tel. No. (800)  | State <i>CJA</i><br>424-93   |                                   | 9050z<br>homtree)                    |  |  |
| Route   |  |  |   |   |   | Vehic<br>Numb  | ole / S                           | 29                                   |  |  |
| No.of Units<br>& Container Type                 | HM   | ldentif  | BASIC DESCRIPTION Proper Shipping Name, Hazard Class ication Number (UN or NA) per 172.101, 172.20  | )2, 172.203   | TOTAL QUANTITY<br>(Weight, Volume,<br>Gallons, etc.)  | WEIGHT<br>(Subject to<br>Correction)                                       | RATE                              | CHARGES<br>(For Carrier<br>Use Only) |  |  |
| 3 X DOTS7                                       | , X DOTS7 R9 Tetrachlowedhylene Solution, G.1, C   |  |   | U1897, 96TF   | 400 as  | 5_350  |                                   |                                      |  |  |
|   |  |  |   |   |   |  |                                   |                                      |  |  |
|   |  |  |   |   |   |  |                                   |                                      |  |  |
|   |  |  |   |   |   |  |                                   |                                      |  |  |
|   |  |  |   |   |   |  |                                   |                                      |  |  |
|   |  |  |   |   | 10,   |  |                                   |                                      |  |  |
|   |  |  |   |   | Whi   |  |                                   |                                      |  |  |
| PL  | ACARI  | OS TENDEI  | RED:YES XNO 🗆 1897  | REMIT<br>C.O.D. TO:<br>ADDRESS  |   |  |                                   |                                      |  |  |
| Note — Where the rate                           | Note — Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared fully and accurately described above by proper shipping |  |   |   | Amt: \$   | PREP   | C.O.D. FEE: PREPAID.  COLLECT  \$ |                                      |  |  |
| The agreed or decle<br>specifically stated by t |  |  | are in all respects in proper condition for transport by shall re-<br>Highway Wester (DELETE NON-APPLICABLE MODE OF<br>TRANSPORT) according to applicable international and na-<br>tional governmental regulations.   | consignee without recourse of<br>following statement:<br>The carrier shall not make | onditions, if this shipment is to be don the consignor, the consignor delivery of this shipment without   | shall sign the CHAF  | TOTAL CHARGES: \$ FREIGHT CHARGES |                                      |  |  |
| \$perSignature                                  |  |  |   | freight and all other lawful cha  | FREIGH<br>except v<br>right is  | GHT PREPAID Check box if charges st when box at are to be schecked collect |                                   |                                      |  |  |
| this Bi<br>condit<br>which<br>corpo<br>delive   | l of Lading, the p<br>ion of contents of<br>said carrier (the v<br>ation in possess<br>v at said destina   | roperty described above<br>of packages unknown), in<br>word carrier being understi-<br>sion of the property under<br>ation, if on its route, other | lawfully filed tasks in effect on the date of the issue of<br>mappened good ore, except as noted (sometime and<br>narked; consigned and destined as indicated above<br>port throughout this contract as meaning any person or<br>or the contract) agrees to carry to its usual place of<br>wise to deliver to another carrier on the route to said<br>er of all or any of, said property over all or any portion of | service to be performed<br>governing classification<br>Shipper, berehv certi-       | and as to each party at any time in<br>I hereunder shall be subject to all<br>on the date of shipment.<br>fies that he is familiar with all the<br>and the said terms and condition<br>d his assigns. | the bill of lading terms are<br>e bill of lading terms an                  | nd conditions in                  | the<br>the                           |  |  |
| SHIPPER D                                       | vglas  | Ancraft  | Company   | CARRIER IT CORPORATION  |   |  |                                   |                                      |  |  |
| PER X Dapine For Rob Tuell                      |  |  |   | PER Juan Jamenten   |   |  |                                   |                                      |  |  |
|   | //   |  |   | DATE  | 7/-2  | 21-94  |                                   |                                      |  |  |
| Permanent post-offic                            | e address of   | shipper.   |   | STYLE F60 LAB   | ELMASTER, Div. of Americ  | an Labelmark Co., C  | hicago, IL 60                     | 0646 312/478-0900                    |  |  |

STRAIGHT BILL OF LADING

Shipper No.